Nothing Compares
NORTH CAROLINA

Minority Diabetes Prevention Program (MDPP)

Informational Webinar

October 6, 2016

1 pm -2 pm

Welcome from the Presenters

Lucretia Hoffman, MPH, MBA
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Chronic Disease & Injury Section

Webinar Audio

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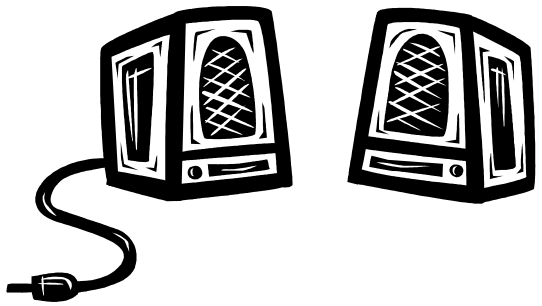

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- you are using a computer with speakers
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Questions After the Webinar

If you have any questions or require further details, please contact:

Lucretia Hoffman, Program Contact

- **Phone:** (919) 707-5043
- **Email:** Lucretia.Hoffman@dhhs.nc.gov
- **Website:** www.ncminorityhealth.org

Webinar Overview

- Important Dates
- Background
- Minority Diabetes Prevention Program (MDPP)
- Grant Requirements
- Eligibility
- Size & Duration of Grants
- Reporting & Monitoring
- Program Timeline
- FAQ
- Questions from the Audience

Important Dates

Minority Diabetes Prevention Program

October 14, 2016	Letter of Intent Due by 5 pm
November 1, 2016*	Agreement Addendum Effective
November 15, 2016	Partnership Plans Due by 4 pm

Background

Prediabetes is a condition where people have higher than normal blood glucose levels, but not yet high enough to be diagnosed as diabetes

Nationally

- Estimated 86 million Americans
- Only 11% are aware of their prediabetes
- Minorities are at higher risk

(CDC, Diabetes Report 2014)

North Carolina

- Estimated 2.5 million North Carolinians
- Prevalence was almost 9% in 2013

(NC SCHS 2014)

Source: Harvard Health Publications

Without intervention, 11% would develop type 2 diabetes

Background

- NC General Assembly funding
  - House Bill 1030, 2015-241, Section 12E.3
- Office of Minority Health and Health Disparities
  - Establish and administer an evidence-based diabetes prevention program
  - National Institute of Diabetes and Digestive and Kidney Diseases model
  - 12-month, evidence-based
  - In consultation with the Chronic Disease and Injury Section

OMHHD
OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES
Healthy Communities. EveryOne Matters.

Community & Clinical
CONNECTIONS
for Prevention & Health
Branch NORTH CAROLINA DIVISION OF PUBLIC HEALTH

Why Focus on "Minority" Populations and Not "Priority" Populations?

MINORITY POPULATIONS ARE PRIORITY POPULATIONS.

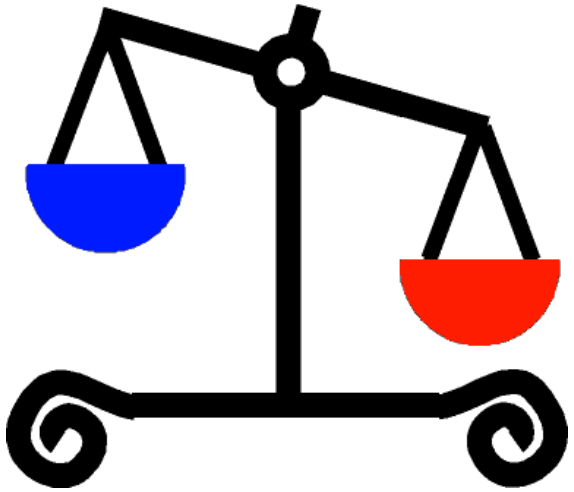
Diabetes Disparities

Nationally

- Diagnosis rates:
  - African Americans – 1.8 times higher
  - American Indians – 2.7 times higher
  - Asians – 10% higher
  - Hispanics – 1.7 times higher

- Incidence of end stage renal disease:
  - African Americans - 2.4 times higher
  - American Indians –2.7 times higher
  - Asians - 1.6 times higher
  - Hispanics – 3.1 times higher

(U.S. Office of Minority Health, Minority Population Profiles)



- Mortality in North Carolina
  - African Americans - 2.4x higher
  - American Indians - 2.6x higher

(NC State Center for Health Statistics, 2014)

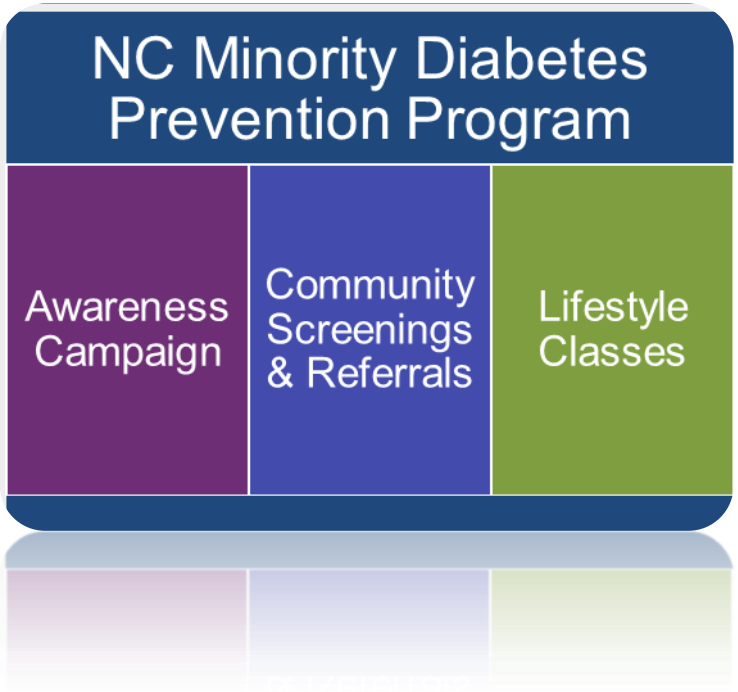
NC Minority Diabetes Prevention Program

Primary Goal:

- To increase minority access to- and participation in- diabetes prevention programs in North Carolina.

Program Components:

- An awareness and marketing campaign in minority communities
- Community screenings for prediabetes and referrals
- “Prevent T2” and “Prevenga el T2” Lifestyle Classes



About the Curricula

- CDC recognized
- 12 month
- Help people make realistic and achievable lifestyle changes
- Specially-trained Lifestyle Coach
- Support groups for participants
- Cut risk for type 2 diabetes by 58%

Eligibility

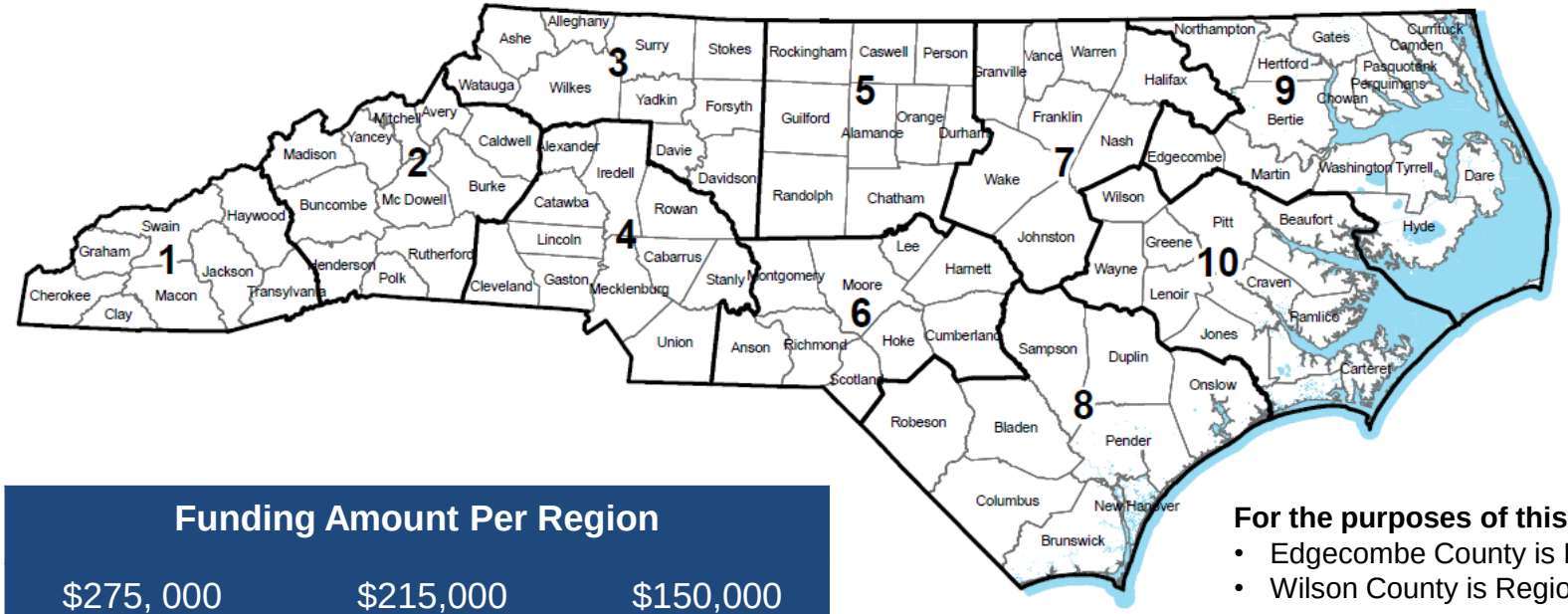
- **Eligible Funding Recipients:**
  - Multi-agency collaborative, lead by a Local Health Department
    - Other local health departments
    - Federally Qualified Health Centers
    - Community-based organizations
    - Rural health centers
    - Faith-based organizations
    - Farmworker programs
    - Community Care of North Carolina networks
    - Indian Health Services
    - Hospitals

- **Eligible MDPP Participants:**
  - Racial and ethnic minorities
  - 18 years old +
  - Non-Hispanic whites
    - Regions 1-3: 40%
    - Regions 4-10: 25%

Size and Duration of Grants

- Total grant amount: $2.135 million
- Funding range: $150,000 - $275,000
  - 3 awards - $275,000
  - 4 awards - $215,000
  - 3 awards - $150,000
- Awarded by region
  - If any region decides not to accept, their funds will be re-distributed among the other regions.
- One year (FY2017)
- Program period begins: November 1, 2016*

Funding Per Region



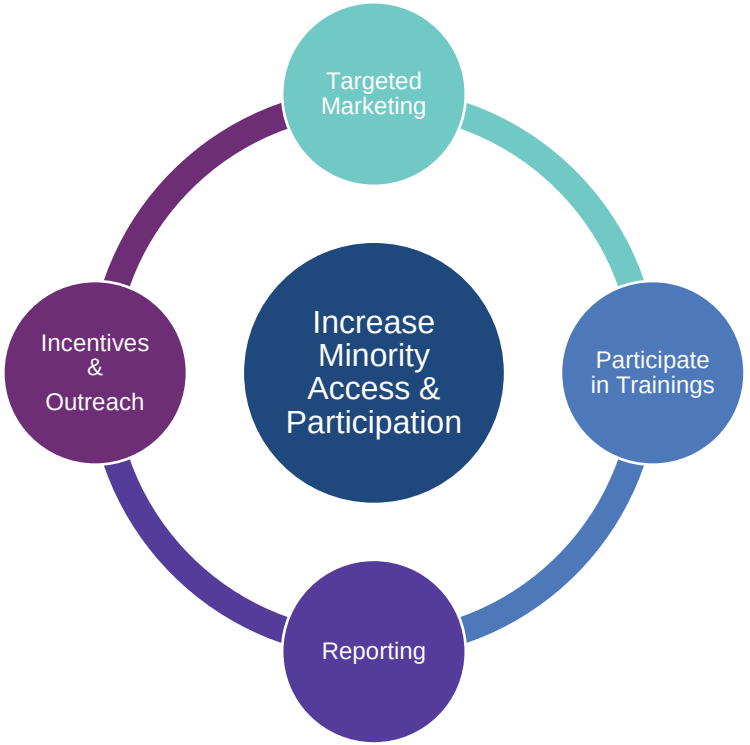
Funding Amount Per Region		
$275, 000	$215,000	$150,000
Region 7	Region 4	Region 1
Region 9	Region 5	Region 2
Region 10	Region 6	Region 3
	Region 8	

For the purposes of this grant:

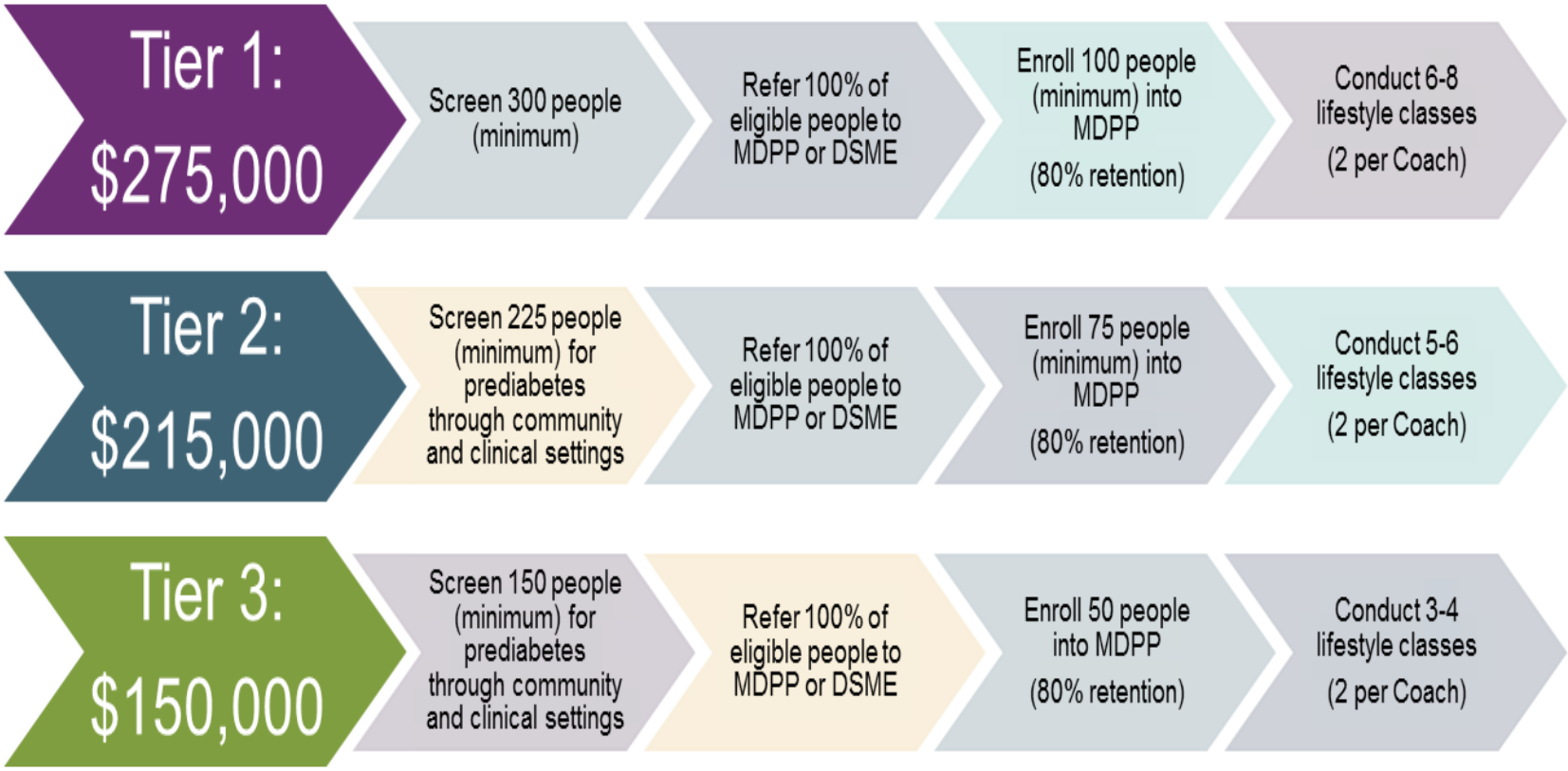
- Edgecombe County is Region 9
- Wilson County is Region 10

General Requirements

- **Targeted Marketing Awareness Campaign:**
  - 10% of budget
  - Use materials from DiabetesFreeNC and CDC
- **Administer Incentive Program**
  - T-shirts
  - Calorie King books
  - Portion plates
  - Digital food scale
  - Fitness trackers
  - Gym Membership or Subscription Service
- **Participate:**
  - Monthly MDPP calls and skill-building webinars
  - NC OMHHD trainings on *CLAS* and Community Engagement
  - Evaluation activities
    - WFU School of Medicine Database
- **Reporting:**
  - Monthly, Interim and Final



Requirements Based on Funding



Sample Budget & Allotment

Category	% of Total Award	Tier 1 (per Grantee)	Tier 2 (per Grantee)	Tier 3 (per Grantee)
Indirect costs (not to exceed 10%)	**10.0%**	**$27,500**	**$21,500**	**$15,000**
Marketing	**10.0%**	**$27,500**	**$21,500**	**$15,000**
Community events	**3.6%**	**$10,000**	**$10,000**	**$6,237**
Regional MDPP Coordinator ($42000 salary + 22% benefits)	**18.6%**	**$51,240**	**$51,240**	**$45,750**
Staff travel	**1.6%**	**$4,400**	**$4,817**	**$4,817**
Participant Incentives and Program Supplies	**9.5%**	**$26,160**	**$17,587**	**$13,125**
Logistics (e.g., room rental, transportation, child care, food)	**8.2%**	**$22,500**	**$16,706**	**$12,471**
Lifestyle coach training	**3.7%**	**$10,200**	**$7,650**	**$5,100**
Wake Forest data subscription	**1.5%**	**$4,000**	**$3,000**	**$2,000**
Lifestyle coach staff ($25,000 salary + 22% benefits)	**33.3%**	**$91,500**	**$61,000**	**$30,500**
TOTAL SAMPLE CONTRACT BUDGET PER REGION	**100.0%**	**$275,000**	**$215,000**	**$150,000**

Reporting & Monitoring

Monthly Report	Interim Report	Final Report
Screenings & Referrals	Strategies	Experience
Program Measures	Screenings & Referrals	Strategies
Marketing & Outreach	Education	Outcomes
Meetings & Trainings	Intermediate Outcomes	Evaluation/Lessons Learned

A monthly reporting tool and a template will be sent to you

Timeline

FY2017 - Minority Diabetes Prevention Program

October 14, 2016	Letter of Intent Due by 5 pm
November 1, 2016*	Agreement Addendum Effective
November 15, 2016	Partnership Plans Due by 4 pm
November/December 2016	Begin Community Screening Events & Marketing
December 2016	NC OMHHD Trainings Begin
December 1, 2016	Copies of MOAs with Partners Due by 4 pm
December 5-9, 2016	Lifestyle Coach Training
January 2017	MDPP Classes Begin
February 28, 2017	Interim Report
June 30, 2017	Final Report

Frequently Asked Questions

Q: How does the regional approach work?

A: The Minority Diabetes Prevention Program (MDPP) is intended to be a collaborative effort between local health departments, local health care providers and community organizations across North Carolina. The Division of Public Health will fund all of the public health regions across the State, however, each region needs to form a multi-county collaborative that can engage, screen and deliver the CDC lifestyle classes to minority communities within its region.

Each region must select a local health department to serve as the lead agency for this program. The role of the lead agency in the MDPP is to coordinate efforts and provide infrastructure for the funding and focus on collaborations with community organizations and local government agencies to implement the diabetes prevention program.

Partner agencies, including local health departments and community organizations, may assist the lead agency with meeting the program goals and objectives by taking the lead on marketing campaigns, coordinating screening events, recruiting participants, identifying or providing locations for classes, facilitating classes, or in some other agreed upon capacity.

Q:Is the MDPP only open to African-Americans, Hispanics, American Indians and other racial/ethnic Minorities?

A: No. However, the MDPP is designed to increase Minority screening for prediabetes as well as access to- and participation in- Diabetes Prevention Programs, because “African Americans, American Indians or Alaska Natives, Asians, Hispanics, and Native Hawaiians or Other Pacific Islanders, are at higher risk than non-Hispanic whites” for developing type 2 diabetes (CDC, Diabetes Report 2014). A local health department and its partners may screen and enroll non-Hispanic Whites in the MDPP, provided that they meet the following requirements:

- Regions 1-3: No less than 60% of program participants are members of racial/ethnic minority groups
- Regions 4-10: No less than 75% of program participants are member of racial/ethnic minority groups.

Frequently Asked Questions

Q: Is there a format for the Letter of Intent?

A: Your letter of intent doesn't have to be detailed, but at a minimum, it must address the following:

- Which local health department will serve as the lead agency for the MDPP in your region. For example, you may include a statement such as "The _____ Health Department will serve as the fiduciary lead in Region _____ and accept funding for the Minority Diabetes Prevention Program."

- A list of the other local health departments that will be participating in the MDPP and a list of any local health departments who have opted out of the program.

- Background information of your organizations, including the current level of staffing, number of locations across the region and relevant partnerships or collaborations.

- Relationship with the target populations

Q: When is the Letter of Intent due?

A: The Letter of Intent is due on October 14, 2016 by 5 pm. Please email your letter to Lucretia.Hoffman@dhhs.nc.gov.

Frequently Asked Questions

Q: What is the grant period?

A: The service period for the MDPP grant is November 1, 2016 – May 31, 2017 and the payment period is December 1, 2016 – June 30, 2017.

Q: Which region is my local health department in and are there other local health departments in my region?

A: The MDPP program uses the regions set forth by the North Carolina Association of Local Health Directors. The two exceptions are Wilson and Edgecombe Counties; for this grant Wilson County is with Region 10 and Edgecombe County is with Region 9. Please review the NCALHD region map to find your region and the list other counties in your region here.

Q: Is this a competitive process?

A: No this is not a competitive process. Each region will be funded if they agree to accept the funds.

Q: What types of agencies can be a part of the Regional Collaborative?

A: The Regional Collaborative can include entities such as local health departments, community-based organizations (CBOs), faith-based organizations (FBOs), local Community Care of North Carolina (CCNC) networks, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHCs), farmworker programs, Indian Health Services, and hospitals.

Frequently Asked Questions

Q: If a person has been trained in another Diabetes Prevention Program (DPP) do they still have to take the Lifestyle Coach training?

A: Yes. If the person has not been trained to deliver either the "Prevent T2" or "Prevenga el T2" curricula, then they must attend one of the Lifestyle Coach trainings scheduled for the week of December 5, 2016.

Q: If some of the Local Health Departments in my region decides not to participate in the Collaborative, then does the MDPP Coordinator need to cover their counties?

A: The Regional MDPP Coordinator will be an employee of the lead agency and serve all of the counties covered by members of the Regional Collaborative (which may include CBOs, FBOs, CCNC networks, FQHCs, rural health centers, farmworker programs, Indian Health Services, and hospitals) in whatever capacity the Regional Collaborative decides, as long as it is within the job description. For example, if a local health department in your neighboring county decides not to participate in the MDPP, but a community-based organization in that county decides to join the Regional Collaborative, then the MDPP Coordinator would be responsible for providing support and collecting participant data from that organization.

Q: If a local health department received funding to do a diabetes prevention program through the Obesity, Diabetes, and Heart Disease and Stroke (ODHDSP) grant, but was not the lead agency, then can the local health department serve as the lead agency for the MDPP grant?

A: Yes. The MDPP grant focuses specifically on diabetes prevention in minority populations and has separate activities and reporting requirements from the ODHDSP grant. Regions are encouraged to work together to decide which LHD will serve as the lead agency for the MDPP grant. However, the lead agency for the MDPP grant does not have to be the same as the lead agency for the ODHDSP grant. In addition, if your agency has done DPP under the ODHDSP grant and accepts MDPPP funding, your agency must report your MDPP data and activities, separate from your ODHDSP activities.

Frequently Asked Questions

Q: If our agency already has a data subscription with the Wake Forest School of Medicine for the ODHDSP grant, then do we need to have another subscription for the MDPP grant? How should we record our MDPP participant data into the database?

A: Division of Public Health staff will work with Wake Forest University's School of Medicine (WFUSOM) to differentiate between participants in the MDPP and the ODHDSP. If you currently have a WFUSOM subscription you will need to purchase a new subscription for MDPP.

Q: Will you accept applications from individual health departments or do we need to submit an application for the entire region?

A: There is no "application" process for the MDPP grant, because funds will be distributed to each region via an agreement addendum with the health department that has chosen to serve as the lead agency. Each region will receive either $275,000, $215,000 or $150,000 based upon the size of their minority population and prevalence of prediabetes. It is up to the local health departments in each region to decide who will be the lead agency and how the funds will be distributed.

Q: How would the funds be distributed to counties if this is a regional grant?

A: The funds will be distributed to the local health department acting as the fiduciary lead for the grant. It is up to the regions to decide how the funds will be distributed after that.

Q: Who would employ the MDPP Regional Coordinator and Lifestyle Coaches, assuming they are to lead the program for the entire region?

A: The Regional MDPP Coordinator should be employed by the local health department that's acting as the lead on the grant. The Lifestyle Coaches can be employed by either the lead local health department or its partners/sub-grantees.

Frequently Asked Questions

Q: Are the number of screenings and percent referrals listed to be completed by each health department in a region, or together as a region?

A: The numbers for screenings, referrals and enrollees in the classes are total for the *region*.

Q: What's the incentive plan? Who administers that?

A: The incentive plan will be shared in the AA and is administered by the Regional MDPP Coordinator.

Q: How quickly do we need to hire MDPP staff?

All MDPP staff need to be recruited, hired and prepared to participate in the Lifestyle Coach training session on December 5–9, 2016. A list of registered staff must be submitted to the DPH Program Contact by 12:00 pm on December 2, 2016.

Q: Can we incorporate a referral system to other chronic disease management programs?

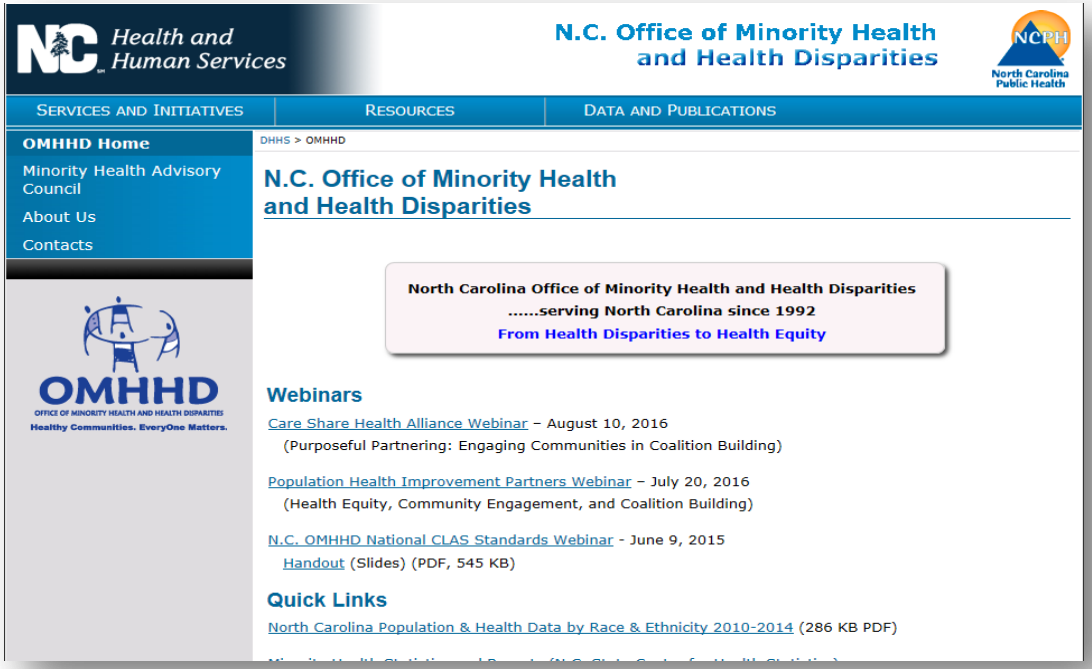
A: Yes, however, any referrals made to non MDPP or diabetes self-management education programs (DSME) will have to be recorded separately. They may not be included in the numerator when you report on the percentage of referrals made to MDPP or DSME programs.

Additional Questions

Remember…

FAQs and the webinar will be posted to the NC Office of Minority Health and Health Disparities website after October 7, 2016.

www.NCMinorityHealth.org



Contact Us

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Thank you!